

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 589173

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
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44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				/
52		/				/
53		/				/
54	/	/				/
55		/				/
56		/				/
57		/				/
58		/				/
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62		/				/
63		/				/
64		/				/
65		/				/
66		/				/
67		/			/	/
68		/			/	/
69		/			/	/
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74		/				/
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90		/				/
91		/				/
92		/				/
93		/				/
94		/				/
95		/				/
96		/				/
97		/				/
98		/				/
99		/				/
100		/				/
TOTAL IND.		↓		↓	5	↓
TOTAL DEP.		←		←	91	←
TOTAL CLAIMS					96	